"Form B" Frequently Asked Questions

1. Q: What is a "Form B" and who must file one?

A: Under the current WAC 284-43-220, a Form B is a report that health carriers must file each year. The Form B report shows the total number of covered lives, by gender, who were entitled to health care services during each month of the year, in each county of the state, by line of business and product. Although carriers are required to report for each county, they are not required to report for each zip code.

The proposed amendment would change the name of the report from Form B to "Network Enrollment Form B" to eliminate confusion. The amended rule would require health carriers to prepare a report showing the total number of covered lives, by gender, who were entitled to health care services during each month of the year, in each county of the state, by line of business and network. The carrier is no longer required to prepare a report by product.

2. Q: Why is the OIC changing the format of the "Form B" and what are those changes?

A: Carriers have advised OIC that as currently written, the requirements of WAC 284-43-220 relating to Form B are confusing. OIC reviewed the rule along with the reports filed by carriers and determined that there is a need to clarify the filing requirements in the rule.

The amended Network Enrollment Form B format captures the most relevant data as efficiently as possible. By eliminating the additional "monthly total" columns, the form should fit on a legal size sheet of paper. Additionally, by eliminating the need to file by product, many carriers will be required to file fewer reports.

3. Q: When must the Form B report be filed with OIC?

A: Under the current version of WAC 284-43-220, Form B reports must be filed by January 31st of each year. OIC routinely grants extensions that allow carriers to delay submissions until March 31st of the year in which the extension is requested.

Under the proposed rule change, the filing date for the Network Enrollment Form B reports is changed to March 31st of each year. For filings submitted in 2003, carriers may either file using the current Form B format and content or the amended Network Enrollment Form B format and content. However, beginning March 31st 2004, carriers must file using the amended Network Enrollment Form B format and content.

4. Q: When will WAC 284-43-220 be amended?

A: After careful review of prior Form B submissions, OIC has determined that many carriers could save time and money if the current rule was clarified in time for the 2003 submission. Therefore, the OIC is proposing to amend WAC 284-43-220 by expedited rule making, to enable the changes to be enacted as quickly as possible.

5. Q: Under the proposed amendment to the WAC, what is the definition of a "network?" What is a sub-network?

A: A network is comprised of providers that have unique compensation contract relationships with the carrier. For example, if a provider signs a "preferred" contract to accept discounted payment for services, the provider is a member of the carrier's preferred network.

Sub-networks include various chiropractic networks, prescription drug networks, mental health provider networks as well as others. For purposes of the Network Enrollment Form B, members must be reported only under their core medical health benefit network such as PPO, traditional, Point of Service, etc. Reporting the same member under numerous networks only inflates the membership counts.

6. Q: Carrier ABC sells in the individual, large group, and small group market. Carrier ABC offers a PPO network and a traditional network, and is considering the addition of a point-of-service network as well. How many Form Bs must carrier ABC file?

A: Carrier ABC must file a Form B for each "line-of-business" offered for sale per "network." This means that carrier ABC would be required to file three Form B reports for its PPO network (one for individual, one for the large group, and one for the small group line of business) and three Form B reports for its traditional network.

If carrier ABC also makes the point-of-service product available to the individual, large, and small group market, then carrier ABC would be required to file an additional three Form B reports. Under these facts, the maximum number of Form B reports carrier ABC would be required to file would be nine.

7. Q: Carrier XYZ currently offers the PPO Blue network in its large and small lines of business. It wants to begin marketing benefit plans that use a slightly more restrictive PPO network called PPO Orange. Is Carrier XYZ required to file Form B reports for each PPO network (Blue and Orange)?

A: Yes. Because carrier XYZ originally contracted with providers to be in the PPO Blue Network and is now offering a different provider contract for the new PPO Orange Network, carrier XYZ is now required to file a Form B report for each PPO network by line of business.

If the new PPO Orange network was made available to the large group line of business, then only one additional Form B would be required for the Orange network. Under these facts, carrier XYZ would be required to submit a total of three Form B reports.

If the new PPO Orange network was made available to the large, small and individual lines of business, and the PPO Blue network was made available to the small and large lines of business, carrier XYZ would be required to submit a total of five Form B reports.

8. Q: What is a "Line of Business"?

A: For purposes of filing the Form B, a "Line of Business" is either **individual**, **small group** (comprised of 1 to 50 employees), or **large group** (comprised of companies with 51+ employees). Large group contracts include negotiated group contracts and include contracts such as PEBB, Healthy Options, the Basic Health Plan and the Federal Employees Health Plan.

9. Q: Should "self-insured" groups be reported on a Form B?

A: No, the OIC does not currently have regulatory authority over these plans.

Self-insured groups accept the responsibility of funding or insuring their employees' health care benefits. These employers accept the risk (or partial risk) of paying health care claims making them "self-insured". These groups typically contract through a health carrier or third-party administer for administrative services such as renting a provider network or providing claims administration.

10. Q: How do we report enrollees of out of state groups who reside in the State of Washington?

A: The Form B should include members who reside inside the State of Washington. For example, enrollment data for employer groups based in Portland, Oregon must include the number of covered lives in Clark County. Nationwide employer groups must also have their Washington State employee data reported.